

XML

Office Use Only |

Section 1: Cover Sheet

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

	ı							
LOBBYIST NAME	Title Mr. Last Name* Salinas My employe	First Name* Trey er is a 501c(3) non-profit organization	Suffix	Middle				
EMPLOYING ENTITY	behalf	Entity/Organization Name*						
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Busing 1250 S Capital Control City* Austin	iness Street Address* of Texas Hwy	Apartment or : #3-340 State* TX	Suite Number Zip Code* 78746				
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing 1250 S Capital C City* Austin		Apartment or : #3-340 State* TX	Suite Number Zip Code* 78746				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

	☐ I am registering as a new lobbyist								
	☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period								
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:								
Check all that apply	☐ January ☐ April ☐ July ☐ October								
	☐ I am correcting the information provided on a previously filed report Previous Report Type: Previous Report Date								
	I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.								



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one M	Iunicipal Question, cli	ck the "Add Additional Municipal Question" bເ	utton below.				
SPECIFIC DESCRIPTION OF MUNICIPAL QUESTION	Austin Dolice Me	Austin Police Meet and Confer Contract					
PROPERTY ADDRESS	I —	pal question pertains to real property. *If ched is required.	·	· · ·			
OR	Address		Suite or Apartment	Number			
LEGAL DESCRIPTION							
	City		State	Zip Code			
	Property Legal [Description					
	, , ,	·					
Subject Matter(s)*: Check	all subject matters tha	at apply to the municipal question above					
Accessibility or Persons	s with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)			
Affordability		Finance, Budget, or Investments	Permits (O	ther)			
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response			
Annexation		Historic Preservation	Public Utili or Recyclin	ties, Energy, Water, Solid Waste g			
Arts, Music, Film, Cultu Creative Industries	ral or	Hospitality, Tourism, Events, or Convention Center	Quality of I	Life Affairs			
Aviation		Human Rights or Immigration	Real Estate	2			
City Infrastructure or P	ublic Works	∠ Labor or Workforce	Rules, Prop	posed Rules, or Rule Making			
Civil Service, Municipal Retirement Systems	Employment, or	Land Development or Land Use	Taxation or	r Fees			
Code Compliance		Municipal Court	Technology	y or Communications			
Construction		Municipal Legislation	☐ Transporta	tion or Mobility			
Contracts or Procurem	ent	☐ Neighborhoods	Zoning or F	Platting			
Diversity, Equity, or Inc	lusion	Parks, Recreation, Libraries, or Museums					
Economic Developmen	t	Other:					



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To report more than one Muni	cipal Question, cli	ck the "Add Additional Municipal Questio	n" button below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Police Offi	Austin Police Officer Funding						
PROPERTY ADDRESS	I —	This municipal question pertains to real property. *If checked, either a prodescription is required.						
OR	Address		Suite or Apartment	t number				
LEGAL DESCRIPTION								
	City		State	Zip Code				
	Property Legal D	escription						
Subject Matter(s)*: Check all s	ubject matters tha	at apply to the municipal question above						
Accessibility or Persons wit	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (C	Other)				
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response				
Annexation		Historic Preservation	Public Util or Recycli	ities, Energy, Water, Solid Waste ng				
Arts, Music, Film, Cultural of Creative Industries	or	Hospitality, Tourism, Events, or Convercence	ntion 🔀 Quality of	Life Affairs				
Aviation		Human Rights or Immigration	Real Estat	е				
City Infrastructure or Public	c Works		Rules, Pro	posed Rules, or Rule Making				
Civil Service, Municipal Emp Retirement Systems	ployment, or	Land Development or Land Use	Taxation o	or Fees				
Code Compliance		Municipal Court	Technolog	y or Communications				
Construction		Municipal Legislation	Transport	ation or Mobility				
Contracts or Procurement		Neighborhoods ■ Meighborhoods ■ Meighborhoods	Zoning or	Platting				
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museur	ms					
Economic Development		Other:						



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To report i	more than one Municip	oal Question, click	the "Ad	d Additional Municipal	Question" bu	itton be	elow.		
	DESCRIPTION OF THE	Austin Energy Generation Plan							
PRO	DPERTY ADDRESS	This municipal question pertains to real property. *If checked, either a propert description is required.							egal
	OR	Address				buite or i	Apartment N	lumber	
LEG	AL DESCRIPTION								
		City			S	State		Zip Code	
		Property Legal De	scription						
Subject Ma	atter(s)*: Check all sub	ject matters that	apply to	the municipal question	n above				
Acce	essibility or Persons with [Disabilities	☐ Envi	ronmental Matters, Air or lity, or Watershed Protect	r Water tion		Permits (Bui	lding, Site Plans)	
⊠ Affoi	rdability		∑ Fina	nce, Budget, or Investme	nts		Permits (Oth	ner)	
Anim	nals			lth, Healthcare, Mental Ho nan Services	ealth, or			,, Policy, Fire, EMS, Planning and Respo	
Anne	exation		Hist	oric Preservation			Public Utilition	es, Energy, Water,	Solid Waste
	, Music, Film, Cultural or Itive Industries		Hos Cen	pitality, Tourism, Events, o ter	or Convention	\boxtimes	Quality of Lif	fe Affairs	
Aviat	tion		Hun	nan Rights or Immigration			Real Estate		
City	Infrastructure or Public W	Vorks	Labo	or or Workforce			Rules, Propo	osed Rules, or Rule	Making
	Service, Municipal Emplo rement Systems	yment, or	Land	d Development or Land Us	se	\boxtimes	Taxation or I	Fees	
Code	e Compliance		Mur	nicipal Court			Technology	or Communication	s
Cons	struction		Mur	nicipal Legislation			Transportati	on or Mobility	
Cont	tracts or Procurement		☐ Neig	ghborhoods			Zoning or Pla	atting	
Dive	rsity, Equity, or Inclusion		Park	ks, Recreation, Libraries, o	r Museums				
⊠ Econ	nomic Development		Oth	er:					



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To report more t	han one Munici	pal Question, clic	k the "Ad	ld Addi	tional Municipal Question" b	utton b	elow.		
SPECIFIC DESCR		Austin Energy Rat	Austin Energy Rates						
PROPERTY	ADDRESS	description i	=			f checked, either a property address or legal			
О	R	Address			1	Suite or	Apartment N	Number	
LEGAL DES									
		City				State		Zip Code	
		Proporty Logal De	occrintion						
		Property Legal De	escription						
Subject Matter(s)*: Check all sul	bject matters that	t apply to	the m	unicipal question above				
Accessibility	or Persons with	Disabilities			ntal Matters, Air or Water Watershed Protection		Permits (Bui	ilding, Site Plans)	
Affordabilit	у		⊠ Fina	ance, Bu	udget, or Investments		Permits (Oth	ner)	
Animals				ilth, He nan Ser	althcare, Mental Health, or vices			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Histo	oric Pre	eservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music Creative Ind	, Film, Cultural or dustries		Hosp		, Tourism, Events, or Convention		Quality of Li	fe Affairs	
Aviation			Hum	nan Rig	hts or Immigration		Real Estate		
City Infrastr	ucture or Public \	Works	Labo	or or W	orkforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service Retirement	e, Municipal Empl Systems	oyment, or	Land	d Devel	opment or Land Use		Taxation or	Fees	
Code Comp	liance		Mur	nicipal (Court		Technology	or Communications	
Constructio	n		Mur	nicipal I	Legislation		Transportat	ion or Mobility	
Contracts o	r Procurement		☐ Neig	ghborh	oods		Zoning or Pl	atting	
Diversity, E	quity, or Inclusion	1	Park	ks, Recr	reation, Libraries, or Museums				
Economic D	evelopment		Oth	ier:					



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To report more than one N	Aunicipal Question, cli	ck the "Add Additional Municipal Question" bu	utton below.					
SPECIFIC DESCRIPTION OF MUNICIPAL QUESTION	. Rody Cameras	Body Cameras						
PROPERTY ADDRESS	description	pal question pertains to real property. *If ched is required.	f checked, either a property address or legal					
OR	Address		Suite or Apartment	Number				
LEGAL DESCRIPTION								
	City	9	State	Zip Code				
	Property Legal [Description						
	Troperty Legar L	occompanient.						
Subject Matter(s)*: Check	all subject matters the	at apply to the municipal question above						
Accessibility or Person	s with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (O	ther)				
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utili or Recyclin	ties, Energy, Water, Solid Waste				
Arts, Music, Film, Culto Creative Industries	ural or	Hospitality, Tourism, Events, or Convention Center	Quality of I	Life Affairs				
Aviation		Human Rights or Immigration	Real Estate	2				
City Infrastructure or F	Public Works	Labor or Workforce	Rules, Prop	posed Rules, or Rule Making				
Civil Service, Municipa Retirement Systems	l Employment, or	Land Development or Land Use	Taxation o	r Fees				
Code Compliance		Municipal Court	▼ Technology	y or Communications				
Construction		Municipal Legislation	☐ Transporta	tion or Mobility				
Contracts or Procurem	ent	Neighborhoods	Zoning or F	Platting				
Diversity, Equity, or In	clusion	Parks, Recreation, Libraries, or Museums						
Economic Developmen	nt	Other:						



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To report more than on	e Municipal Question	, click the "Add Additional Municipal Question" bເ	ıtton below.					
SPECIFIC DESCRIPTION MUNICIPAL QUESTION	Land uso issu	and use issues						
PROPERTY ADDRE	descript	nicipal question pertains to real property. *If checion is required.	cked, either a pro	perty address or legal				
OR	Address	S	Suite or Apartment	Number				
LEGAL DESCRIPTION	N L							
	City	S	State	Zip Code				
	Property Les	gal Description						
	Troperty Leg	an Description						
Subject Matter(s)*: Che	ck all subject matters	that apply to the municipal question above						
Accessibility or Pers	sons with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
		Finance, Budget, or Investments	Permits (Ot	ther)				
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utilit or Recycling	ties, Energy, Water, Solid Waste				
Arts, Music, Film, C Creative Industries	ultural or	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs				
Aviation		Human Rights or Immigration	Real Estate					
City Infrastructure	or Public Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making				
Civil Service, Munic	ipal Employment, or s	□ Land Development or Land Use		Fees				
Code Compliance		Municipal Court	Technology	or Communications				
		Municipal Legislation	☐ Transporta	tion or Mobility				
Contracts or Procur	rement	Neighborhoods	Zoning or P	latting				
Diversity, Equity, or	Inclusion	Parks, Recreation, Libraries, or Museums						
Economic Developr	nent	Other:						



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To report more than on	e Municipal Qu	estion, click the "A	dd Add	itional Municipal Question" b	outton b	elow.		
SPECIFIC DESCRIPTION MUNICIPAL QUESTION	MIID I	MUD Issues						
PROPERTY ADDRE	de	escription is require		tains to real property. *If che	ecked, e	ither a prop	perty address or legal	
OR	Addre	ess			Suite or	Apartment N	lumber	
LEGAL DESCRIPTION	N L							
EEGAL DESCRIPTION	City				State		Zip Code	
	Prone	rty Legal Description	·					
	Порс	rty Legal Description						
Subject Matter(s)*: Che	ck all subject m	atters that apply to	o the m	nunicipal question above				
Accessibility or Pers	sons with Disabilit			ental Matters, Air or Water Watershed Protection		Permits (Bui	ilding, Site Plans)	
Affordability		⊠ Fin	iance, B	udget, or Investments		Permits (Oth	ner)	
Animals			alth, He man Se	althcare, Mental Health, or rvices	\boxtimes		y, Policy, Fire, EMS, or Planning and Response	
Annexation		His	storic Pr	eservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, C Creative Industries	ultural or		spitality nter	, Tourism, Events, or Convention	n 🖂	Quality of Li	fe Affairs	
Aviation		Hu	ıman Rig	thts or Immigration	\boxtimes	Real Estate		
City Infrastructure	or Public Works	Lal	bor or V	/orkforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Munic		or 🔀 Lai	nd Deve	lopment or Land Use		Taxation or	Fees	
Code Compliance		<u></u> Ми	unicipal	Court		Technology	or Communications	
Construction		<u></u> Ми	unicipal	Legislation		Transportat	ion or Mobility	
Contracts or Procui	rement	⊠ Ne	ighborh	oods	\boxtimes	Zoning or Pl	atting	
Diversity, Equity, or	Inclusion	⊠ Pa	rks, Rec	reation, Libraries, or Museums				
Economic Developr	nent	Ot	her:					



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To report more than one Munic	cipal Question, cli	ck the "Add Additional Municipal Question"	button below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Real Estate	Real Estate						
PROPERTY ADDRESS	description	This municipal question pertains to real property. *If checked, either a propert description is required.						
OR	Address		Suite or Apartmen	t Number				
LEGAL DESCRIPTION								
	City		State	Zip Code				
	Property Legal D	Description						
	Troperty Legar B	occupation.						
Subject Matter(s)*: Check all su	ubject matters that	at apply to the municipal question above						
Accessibility or Persons with	n Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (I	Building, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (0	Other)				
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or cy Planning and Response				
Annexation		Historic Preservation	Public Uti or Recycli	lities, Energy, Water, Solid Waste ng				
Arts, Music, Film, Cultural o	r	Hospitality, Tourism, Events, or Convention Center	on 🔲 Quality of	Life Affairs				
Aviation		Human Rights or Immigration	Real Estat	re				
City Infrastructure or Public	Works	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making				
Civil Service, Municipal Emp Retirement Systems	ployment, or		Taxation	or Fees				
Code Compliance		Municipal Court	Technolog	gy or Communications				
		Municipal Legislation	Transport	ation or Mobility				
Contracts or Procurement		☐ Neighborhoods	Zoning or	Platting				
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museums						
Economic Development		Other:						



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To report more than one M	unicipal Question, cl	ick the "Add Additional Municipal Question" bເ	ıtton below.					
SPECIFIC DESCRIPTION OF T MUNICIPAL QUESTION*	HE Renewable Ener	Renewable Energy						
PROPERTY ADDRESS	description	ipal question pertains to real property. *If checonis required.		-				
OR	Address		Suite or Apartment	Number				
LEGAL DESCRIPTION								
	City	S	State	Zip Code				
	Property Legal	Description						
	Troperty Legarit	- Courte Courte						
Subject Matter(s)*: Check a	Il subject matters th	at apply to the municipal question above						
Accessibility or Persons	with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (Ot	ther)				
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utilit or Recyclin	ties, Energy, Water, Solid Waste g				
Arts, Music, Film, Cultur Creative Industries	al or	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs				
Aviation		Human Rights or Immigration	Real Estate					
City Infrastructure or Pu	blic Works	Labor or Workforce	Rules, Prop	oosed Rules, or Rule Making				
Civil Service, Municipal Retirement Systems	Employment, or	Land Development or Land Use	Taxation or	Fees				
Code Compliance		Municipal Court	Technology	or Communications				
Construction		Municipal Legislation	☐ Transporta	tion or Mobility				
Contracts or Procureme	nt	Neighborhoods	Zoning or P	Platting				
Diversity, Equity, or Incl	usion	Parks, Recreation, Libraries, or Museums						
Economic Development		Other:						



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To report more than one M	unicipal Question, cl	ick the "Add Additional Municipal Question" bu	utton below.					
SPECIFIC DESCRIPTION OF T MUNICIPAL QUESTION*	Right of way no	Right of way permitting issues						
PROPERTY ADDRESS	description	ripal question pertains to real property. *If checon is required.						
OR	Address		Suite or Apartment	Number				
LEGAL DESCRIPTION								
	City	9	State	Zip Code				
	Property Legal	Description		J [
	Troperty Legar	Description						
Subject Matter(s)*: Check a	II subject matters th	at apply to the municipal question above						
Accessibility or Persons	with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (O	ther)				
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utili or Recyclin	ties, Energy, Water, Solid Waste				
Arts, Music, Film, Cultur Creative Industries	al or	Hospitality, Tourism, Events, or Convention Center	Quality of I	Life Affairs				
Aviation		Human Rights or Immigration	Real Estate	•				
City Infrastructure or Pu	ıblic Works	Labor or Workforce		posed Rules, or Rule Making				
Civil Service, Municipal Retirement Systems	Employment, or	□ Land Development or Land Use		r Fees				
Code Compliance		Municipal Court	▼ Technology	y or Communications				
		Municipal Legislation	☐ Transporta	tion or Mobility				
Contracts or Procureme	ent	Neighborhoods	Zoning or F	Platting				
Diversity, Equity, or Incl	usion	Parks, Recreation, Libraries, or Museums						
Economic Development		Other:						



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To report mor	e than one Munici	pal Question, clic	k the "Add	Additional Municipal Question	n" button b	elow.		
	CRIPTION OF THE	Short Term Rental						
PROPER	TY ADDRESS	description i	This municipal question pertains to real property. *If checked, either a property address or legal description is required.					
	OR	Address			Suite or	Apartment N	Number	
LEGAL D	DESCRIPTION							
		City			State		Zip Code	
		Property Legal De	escription					
Subject Matte	r(s)*: Check all sul	bject matters that	t apply to th	ne municipal question above				
Accessib	ility or Persons with	Disabilities		nmental Matters, Air or Water y, or Watershed Protection		Permits (Bui	ilding, Site Plans)	
	ility		Financ	e, Budget, or Investments	\boxtimes	Permits (Otl	ner)	
Animals				, Healthcare, Mental Health, or n Services			y, Policy, Fire, EMS, or Planning and Response	
Annexat	ion		Histor	c Preservation		Public Utiliti or Recycling	ies, Energy, Water, Solid Was	
	sic, Film, Cultural or Industries		Hospit Center	ality, Tourism, Events, or Conver	ntion 🔀	Quality of Li	fe Affairs	
Aviation			Huma	n Rights or Immigration		Real Estate		
City Infra	astructure or Public \	Works	Labor	or Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
	rice, Municipal Empl ent Systems	oyment, or	Land [Development or Land Use	\boxtimes	Taxation or	Fees	
Code Co	mpliance		Munic	ipal Court		Technology	or Communications	
Construc	tion		Munic	ipal Legislation		Transportat	ion or Mobility	
Contracts or Procurement		Neighl	Neighborhoods Zoning or Platting		atting			
Diversity	, Equity, or Inclusion	ı	Parks,	Recreation, Libraries, or Museur	ms			
Economi	c Development		Other	:				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Water Rates					
PROPERTY ADDRESS	This municip description i	pal question pertains to real property. is required.	*If checked, either a pr			
OR						
LEGAL DESCRIPTION	City		State	Zip Code		
	Property Legal De	escription				
Subject Matter(s)*: Check all sul	bject matters that	t apply to the municipal question abov	ve			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Wate Quality, or Watershed Protection	er Permits (I	Building, Site Plans)		
		Finance, Budget, or Investments	Permits (Other)		
Animals		Health, Healthcare, Mental Health, Human Services	<u></u>	fety, Policy, Fire, EMS, or cy Planning and Response		
Annexation		Historic Preservation	Public Uti or Recycli	lities, Energy, Water, Solid Waste ing		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Con Center	ovention 🔀 Quality of	f Life Affairs		
Aviation		Human Rights or Immigration	Real Estat	te		
◯ City Infrastructure or Public \	Works	Labor or Workforce	Rules, Pro	pposed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land Use	∑ Taxation of the last of the las	or Fees		
Code Compliance		Municipal Court	Technolog	gy or Communications		
Construction		Municipal Legislation	Transport	tation or Mobility		
Contracts or Procurement		☐ Neighborhoods	Zoning or	Platting		
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or Mus	seums			
Economic Development		Other:				



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To report	t more than one Municip	oal Question, click	the "Ad	dd Additional Municipal Question"	button b	elow.		
	IC DESCRIPTION OF THE NICIPAL QUESTION*	Land use issues						
PROPERTY ADDRESS		 ☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 						
	OR	2500 Barton Cree	k Blvd			, the content of		
LE	EGAL DESCRIPTION	City			State		Zip Code	
		Austin			TX		78735	
		Property Legal De	scription	,				
		LOT 2 BLK B BART	ON CREE	K SEC E PHS 2 & LOT 3 BLK B BARTON	CREEK SE	C E PHS 2		
Subject N		ject matters that	apply to	o the municipal question above				
Acc	cessibility or Persons with [Disabilities	☐ Env	vironmental Matters, Air or Water ality, or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
Aff	fordability		Fin	ance, Budget, or Investments		Permits (Oth	ner)	
☐ An	imals			alth, Healthcare, Mental Health, or man Services			,, Policy, Fire, EMS, or Planning and Response	
⊠ An	nexation		His	toric Preservation		Public Utiliti	es, Energy, Water, Solid Waste	
	ts, Music, Film, Cultural or eative Industries			spitality, Tourism, Events, or Convention	on 🔀	Quality of Li	fe Affairs	
Avi	iation		Hu	man Rights or Immigration	\boxtimes	Real Estate		
Cit	ry Infrastructure or Public W	/orks	Lab	oor or Workforce		Rules, Propo	sed Rules, or Rule Making	
	vil Service, Municipal Emplo tirement Systems	yment, or	⊠ Lar	nd Development or Land Use		Taxation or I	Fees	
Co	de Compliance		☐ Mu	ınicipal Court		Technology	or Communications	
⊠ Co	nstruction		☐ Mu	ınicipal Legislation		Transportati	on or Mobility	
Contracts or Procurement		Nei	ighborhoods		Zoning or Pla	atting		
☐ Div	versity, Equity, or Inclusion		Par	ks, Recreation, Libraries, or Museums				
Ecc	onomic Development		Otl	her:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period					
CLIENT						
IVAIVIE						
Client is an individual	Organization Name or Client Last Name, as applicable*					
	Airbnb					
	Client Business Address* Client Apartment or Suite Number					
	888 Brannan Street					
CLIENT						
ADDRESS	Client City*	Client State*	Client Zip Code*			
AND	San Francisco	CA	94107			
NATURE OF	Nature of Client's Business*					
BUSINESS	Short Term Rentals					

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount			
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):				

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period					
CLIENT						
Client is an individual	Organization Name or Client Last Name, as applicable*					
	Apex Bethel Energy Center LLC					
	Client Business Address*	Client Apartment o	r Suite Number			
	3200 Southwest Freeway	Suite 2210				
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*			
AND	Houston	TX	77027			
NATURE OF	Nature of Client's Business*					
BUSINESS	Energy					

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR				
COMPENSATION					
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):				

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period					
	1					
CLIENT						
NAME						
Client is an individual	Organization Name or Client Last Name, as applicable* Armbrust & Brown LLP					
	Client Business Address*	Client Apartment o	r Suite Number			
	100 Congress Ave.	Suite 1300				
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*			
AND NATURE OF	Nature of Client's Business*] [-0.02			
BUSINESS	Law Firm					

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR					
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required					
	for compensation totaling \$500,000 or more.					
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):					

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period					
CLIENT						
NAME						
Client is an individual	Organization Name or Client Last Name, as applicable* AT&T					
	Client Business Address*	Client Apartment of	or Suite Number			
	816 Congress Ave	Suite 1100				
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*			
AND NATURE OF	Nature of Client's Business*					
BUSINESS	Communications					

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount			
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):				

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period					
CLIENT						
NAME						
Client is an individual	Organization Name or Client Last Name, as applicable* Austin Crime Commission					
	Client Business Address* PO Box 27016	Client Apartment or Suite Number				
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*			
AND NATURE OF BUSINESS	Nature of Client's Business*		1 10755			
Sesiness	Non-profit					

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
	T		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* Austin Police Association		
	Client Business Address*	Client Apartment o	r Suite Number
	5817 Wilcab Road	Suite 1	
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code* 78721
NATURE OF	Nature of Client's Business*		
BUSINESS	Membership Association		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clients reporting period	nt compensation du	iring the applicable
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* Axon Enterprise, Inc.		
	Client Business Address* 17800 N 85th St	Client Apartment	or Suite Number
CLIENT ADDRESS	Client City* Scottsdale	Client State*	Client Zip Code*
AND NATURE OF BUSINESS	Nature of Client's Business*		
200200	Manufacturer of body cameras		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s)		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation dur	ring the applicable
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Brandywine Realty Trust		
	Client Business Address*	Client Apartment o	r Suite Number
	1501 S Mopac	Suite 310	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR
COMPENSATION	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clients reporting period	it compensation du	ring the applicable
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* CCARE		
	Client Business Address*	Client Apartment	or Suite Number
	c\o Brandywine Realty, 1501 S Mopac	Suite 310	
CLIENT ADDRESS AND NATURE OF	Client City* Austin	Client State*	Client Zip Code* 78746
	Nature of Client's Business*		
BUSINESS	Business League		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
	T		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable * Cypress Real Estate Advisors		
	Client Business Address*	Client Apartment o	r Suite Number
	1601 S Mopac	Suite 175	
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code* 78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation	on amount is required
	for compensation totaling \$500,000 or more.	anounc is required
	If you fail to provide the above Client Compensation informat	ion, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* Cypress Semiconductor		
	Client Business Address*	Client Apartment o	or Suite Number
	Champion Court		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	San Jose	CA	95134
NATURE OF BUSINESS	Nature of Client's Business* High Tech		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation dur	ring the applicable
	T		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Endeavor Real Estate Group		
	Client Business Address*	Client Apartment o	r Suite Number
_	221 West 6th Street	Suite 1300	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR		
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* Goveia		
	Client Business Address* 24855 Del Prado	Client Apartment o	or Suite Number
CLIENT ADDRESS AND	Client City* Dana Point	Client State*	Client Zip Code*
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate Development		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation dui	ring the applicable
	T		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	HDR, Inc		
	Client Business Address*	Client Apartment o	r Suite Number
	4401 West Gate Blvd	Suite 400	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78745
NATURE OF	Nature of Client's Business*		
BUSINESS	Engineering Firm		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* Lincoln Clean Energy		
	Client Business Address* 401 N Michigan Ave	Client Apartment	or Suite Number
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* Chicago Nature of Client's Business*	Client State*	Client Zip Code* 60611
DUSINESS	Renewable Energy		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page

Delete this page

Page 30 of 49 Revised: 9/25/2017



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clients reporting period	nt compensation du	ring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable * North Austin MUD #1		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2601 Forest Creek Dr. Client City* Round Rock Nature of Client's Business* Utility District	Client Apartment of Client State*	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
	1		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable* Northtown MUD		
	Client Business Address* 1421 Wells Branch Pkwy	Client Apartment o	r Suite Number
CLIENT ADDRESS AND	Client City* Pflugerville	Client State*	Client Zip Code* 78660
NATURE OF BUSINESS	Nature of Client's Business* Utility District		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max	x):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\square I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	NXP Semiconductor, Inc.		
	Client Business Address*	Client Apartment	or Suite Number
_	6501 William Cannon Drive West		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78735
NATURE OF	Nature of Client's Business*		
BUSINESS	High Tech		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	(\$) Exact Amount
Per City Code Section 4-8-6(A)(j), the exact compensation for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT			
NAIVIE			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Samsung Austin Semiconductor, LLC		
	Client Business Address*	Client Apartment o	or Suite Number
	12100 Samsung Blvd	#110	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78754
NATURE OF BUSINESS	Nature of Client's Business* High Tech		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR
COMPENSATION	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation dur	ring the applicable
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Senior Quality Lifestyles Corporation		
	Client Business Address*	Client Apartment o	r Suite Number
	12720 Hillcrest	Suite 106	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Dallas	ТХ	75230
NATURE OF	Nature of Client's Business*		
BUSINESS	Developer		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	(\$) Exact Amount
Per City Code Section 4-8-6(A)(j), the exact compensation for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information		

* Indicates a required field

Add Another Client Page

Delete this page

Page 35 of 49 Revised: 9/25/2017



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* Seton Healthcare		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1201 W 38th St Client City* Austin Nature of Client's Business* Healthcare Network	Client Apartment o Client State* TX	r Suite Number Client Zip Code* 78705

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	(\$) Exact Amount
Per City Code Section 4-8-6(A)(j), the exact compensation for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Torchy's Tacos		
	Client Business Address*	Client Apartment o	r Suite Number
_	999 E Basse Rd		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	San Antonio	ТХ	78209
NATURE OF	Nature of Client's Business*		
BUSINESS	Restaurants		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR
COMPENSATION	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* Travis County Fire Rescue ESD #11		
	Client Business Address* 9019 Elroy Road	Client Apartment o	or Suite Number
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* Del Valle Nature of Client's Business* Emergency Services	Client State*	Client Zip Code* 78617

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* Walmart Stores, Inc		
	Client Business Address*	Client Apartment	or Suite Number
	2001 Southeast 10th St		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Bentonville	AR	72713
NATURE OF BUSINESS	Nature of Client's Business* Retail Merchant		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* Water Control Irrigation District #10		
	Client Business Address*	Client Apartment	or Suite Number
	5450 Bee Cave	#2A	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	ТХ	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Utility District		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation during the applicable
CLIENT NAME Client is an individual	Client Title Client First Name* Organization Name or Client Last Name, as applicable*	Middle Client Suffix
	Wayne Reaud	
	Client Business Address* 98 San Jacinto Blvd	Client Apartment or Suite Number Suite 1400
CLIENT ADDRESS	Client City*	Client State* Client Zip Code*
AND	Austin	TX 78701
NATURE OF	Nature of Client's Business*	
BUSINESS	Property Owner	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR
COMPENSATION	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* Wells Branch MUD		
	Client Business Address*	Client Apartment o	or Suite Number
	3000 Shoreline Dr.		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austri		70720
NATURE OF	Nature of Client's Business*		
BUSINESS	Utility District		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation dui	ring the applicable	
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable *			
Chefit is all illulvidual	White Lodging Services Corp			
	Client Business Address* 701 East 83rd Ave	Client Apartment o	r Suite Number	
CLIENT ADDRESS AND	Client City* Merrillville	Client State*	Client Zip Code* 46410	
NATURE OF BUSINESS	Nature of Client's Business* Developer			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR
COMPENSATION	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT		ring the applicable reporting period
PERSON	Title First Name*	Middle
EMPLOYED OR	Last Name *	Suffix
RETAINED	Employer*	Occupation*
BUSINESS ADDRESS	Business Address* City*	Apartment or Suite Number State* Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	☐ Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)? If yes, describe the nature of their employment *required if the above box is checked	
	First Name of Mayor/Council Member	Last Name of Mayor/Council Member

* Indicates a required field

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Lobbyist Reporting Form Required for Lobbyist Registration, Termination,

Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others	
	(\$) Food and Beverages	
	(\$) Transportation and Lodging	
	(\$) Gifts (other than Awards and Mementos)	
EXPENDITURE	(\$) Entertainment	
TOTALS	(\$) Awards and Mementos	
(Blank values	(\$) Honorariums	
will be interpreted as \$0)	(\$) Attendance of Council Members at Charitable Events or Fundraisers	
	(\$) Media Communications (broadcast, print, advertising, etc.)	
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME AND	Organization Name or Payee Last Name,	as applicable*			
BUSINESS INTEREST	This payee is a business or business in	nterest of a City Official			
INTEREST	If yes, First Name of City Official	Las	t Name of City Off	icial	
Payee is an individual					
	Department of City Official	Job	Title of City Officia	al	
	Payee Address/ PO Box*		Payee Apartmen	nt or Suite Num	nber
PAYEE					
ADDRESS	Payee City*		Payee State*	Payee Zi	p Code*
EXPENDITURE DETAILS	(\$) Expenditure Amount* Expendit Purpose of the Expenditure*	cure Date* Category	,*		
Identify each City Official w	rho benefitted from or who may	/ have been influer	nced by the ex	kpenditure,	, if applicable
City Official First Name	City Official Last Name	Departmer	nt	Jo	ob Title
Add Another Expenditure Page			Delete thi	s page	49 Revised: 9/25/2017



Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Trey Salinas	10/19/2017
Typed Name	Report Date*

Electronic Submission and Signature

I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.